

# Author Correction for Hochman et al., Fatal Pediatric Cerebral Malaria Is Associated with Intravascular Monocytes and Platelets That Are Increased with HIV Coinfection

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**V**ol. 6, no. 5, doi:10.1128/mBio.01390-15, 2015. We correct the following errors in our published paper. These do not affect the main findings showing significant intravascular accumulations of monocytes and platelets in the brain tissues of children with fatal cerebral malaria (CM), which are more pronounced in children with fatal CM and HIV coinfection than in children with only CM.

The numbers in Fig. S1 summarizing the overall Blantyre Malaria Project (BMP) study were incorrect, and the description of the patient population was imprecise. The numbers have been corrected in the revised Fig. S1 (posted online). The figure legend should appear as follows.

**Figure S1** Flow chart of children enrolled in the Blantyre Malaria Project study with WHO-defined cerebral malaria between 1996 and 2010, the duration of the autopsy series. There were a total of 2,464 admissions. Of these, 2,009 (81%) were subjected to HIV antibody testing; the HIV prevalence was 14.5%. Eighteen hundred thirty-eight children met the World Health Organization clinical case definition for cerebral malaria. Of the children who met the WHO clinical case definition, 232 of 1,589 children subjected to HIV testing were HIV positive (14.6%). Mortality in HIV-infected children was 23.3% (54/232), compared to 17.6% (239/1,357) in non-HIV-infected children ( $P = 0.04$ , chi-square test).

Since the population prevalence of HIV infection in children varied during 1996 to 2010, without more-extensive analysis of epidemiological data, the magnitude of potential risk for CM in HIV-infected children is not known. The overall conclusion should be stated as follows: our data suggest that HIV is a risk factor for death from WHO-defined CM.

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